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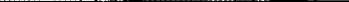
Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	(NAT. ST. PCT/DE00/06109)
		Filing Date	02/14/2002
		First Named Inventor	MENZ
		Art Unit	
		Examiner Name	
Sheet	1	of	1
		Attorney Docket Number 740-X02-007	

U.S. PATENT DOCUMENTS

U.S. PATENT DOCUMENTS					
Examiner Initials	Cite No. ¹	Document Number Number- Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
MM	AA	US- 5573757 US-	11/12/96	ALLIANCE PHARM. CO	

FOREIGN PATENT DOCUMENTS

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Examiner Initials	Cite No. 1	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)			
174 AB	BA	EP 0112658 A2	07-04-84	CHILDREN'S HOSP	
	BB	EP 0288659 A1	11-2-88	ANGELINI PHARM	
	BC	WO 95/09606	4-13-95	S. A. ATTA APPL	

Examiner Signature		Date Considered	11/27/04
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